

## **Power of Attorney**

To: Phoenix Testlab GmbH

Date and Applicant's Signature:

Name or model type of

the Specified Radio Equipment: WIN master, Reflect master, WIN slave

Applicant's company name: WERMA Signaltechnik GmbH + Co. KG

Applicant's company address: Dürbheimer Str. 15

78604 Rietheim-Weilheim

Applicant's name: Mr. Dipl. Ing. Christian Hoehler

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Job Title and Department: Director of R&D

It is necessary, that the person registered with FCC, signs this form.

I hereby authorize the following person as a representative and all rights regarding the application to obtain Type Certification for the Specified Radio Equipment (mentioned above) are delegated.

Attorney's Company name: m. dudde hochfrequenz-technik

Attorney's Company address: Rottland 5 a

51429 Bergisch Gladbach

Attorney's Name: Mr. Andreas Morsbach

Mrs. Anja Hittig-Rademacher

Date and Attorney's Signature: 2011-05-18 Augusta

Job Title and Department: homologation department......